U.S. DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES OFFICE OF SPECIAL EDUCATION PROGRAMS

OMB NO.: 1820-0557

ORIGINAL SUBMISSIONM EXPIRES: 8/31/2007

TABLE 1

REPORT OF INFANTS AND TODDLERS RECEIVING EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

DECEMBER 1, 2005

STATE: MT - MONTANA

SECTION A

TOTAL NUMBER OF II	NFANTS AND TODDLERS REC	EIVING EARLY INTERVE	ENTION SERVICES		
	Total	birth to 1 (12 months)	1 to 2 (> 12 and 24 months)	2 to 3 (> 24 and 36 months)	COMPUTED TOTAL
TOTAL(ROWS 1-5)	724	147	235	342	724
1. AMERICAN INDIAN OR ALASKA NATIVE	149				,_,
2. ASIAN OR PACIFIC ISLANDER	8				
3. BLACK (Not Hispanic)	12				
4. HISPANIC	29				
5. WHITE (Not Hispanic)	526				

COMPUTED TOTAL

724

ORIGINAL SUBMISSION
CURRENT DATE: January 31, 2005

U.S. DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES OFFICE OF SPECIAL EDUCATION PROGRAMS

OMB NO.: 1820-0557

FORM EXPIRES: 8/31/2007

TABLE 1

REPORT OF INFANTS AND TODDLERS RECEIVING EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

DECEMBER 1, 2005

STATE: MT - MONTANA

SECTION B (TO BE COMPLETED ONLY BY STATES THAT SERVE AT-RISK INFANTS AND TODDLERS)

	NUMBER OF INFANTS AND TOE ANTS AND TODDLERS SHOULD				
			AGE AS OF DECEMBER 1		
	Total	birth to 1	1 to 2	2 to 3	COMPUTED
TOTAL (ROWS 1-5)	0	(12 months) 0	(> 12 and 24 months)	(> 24 and 36 months)	TOTAL
AMERICAN INDIAN OR ALASKA NATIVE	0				
2. ASIAN OR PACIFIC ISLANDER	0				,
3. BLACK (Not Hispanic)	0				
4. HISPANIC	Ö				
5. WHITE (Not Hispanic)	0				

SECTION C (OPTIONAL)

CUMULATIVE NUMBER OF INFANTS AND TO	DDDLERS V	VHO RECEIVED EARLY INTERVENTION SERVICES	
FROM	то	9 / 30 / 05 (SPECIFY EXACT DATES)	
		AGE: birth through 2	
NUMBER OF INFANTS AND TODDLERS		1533	

COMPUTED TOTAL

0

ORIGINAL SUBMISSION
CURRENT DATE: January 31, 2005

U.S. DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES OFFICE OF SPECIAL EDUCATION PROGRAMS

COMMENTS

TABLE 1

REPORT OF INFANTS AND TODDLERS RECEIVING EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C

DECEMBER 1, 2005

STATE: MT - MONTANA

COMMENTS

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U.S. DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES OFFICE OF SPECIAL EDUCATION PROGRAMS

TABLE 2

OMB NO.: 1820-0557

FORM EXPIRES: 8/31/2007

REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES ARE PROVIDED TO INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES IN ACCORDANCE WITH PART C

DECEMBER 1, 2005

STATE: MONTANA

Section A: Report by Individual Age Year

AGE GROUP AS OF DECEMBER 1								
PROGRAM SETTING	Total	Birth-1 (0 to <12 months)	1-2 (<u>></u> 12 and < 24 months)	2-3 (≥24 and <36 months)				
TOTAL (ROWS 1-7)	724	147	235	342				
PROGRAM DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES	10	1	2	7				
2. PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN	22	4	3	15				
3. HOME	583	126	200	257				
4. HOSPITAL (INPATIENT)	4	2	2	0				
5. RESIDENTIAL FACILITY	2	0	1	1				
6. SERVICE PROVIDER LOCATION	46	6	13	27				
7. OTHER SETTING*	5	4	0	1				

<u>Data Note: Line 6</u>: Residential Facility is a Children's Receiving Home where children reside when they have been removed from the family home. If Child Protective Services is unable to find a foster home or kinship home, children can and do reside there for a longer time than is optimal.

Please list the Other Settings included:

LINE 7 Other Setting: Day Care; Early Head Start; Gateway Treatment Facility (families reside there while the parents are receiving treatment for addiction.)

U.S. DEPARTMENT OF EDUCATION OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES OFFICE OF SPECIAL EDUCATION PROGRAMS

TABLE 2

OMB NO.: 1820-0557

FORM EXPIRES: 8/31/2007

REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES ARE PROVIDED TO INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES IN ACCORDANCE WITH PART C

DECEMBER 1, 2005

STATE: MONTANA

Section B: Report by Race/Ethnicity

AGE GROUP AS OF DECEMBER 1: BIRTH THROUGH 2				(3,000)		
PROGRAM SETTING	TOTAL	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)
TOTAL (ROWS 1-7)	724	149	8	12	29	526
PROGRAM DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES	10	0	0	0	0	10
PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN	22	7	11_	1	1	12
3. HOME	635	131	7	9	24	464
4. HOSPITAL (INPATIENT)	4	1	0	0	0	3
5. RESIDENTIAL FACILITY	2	1	0	0	0	1
6. SERVICE PROVIDER LOCATION	46	8	0	2	4	32
7. OTHER SETTING*	5	1	0	0	0	4

Data Note: Line 6: Residential Facility is a Children's Receiving Home where children reside when they have been removed from the family home. If Child Protective Services is unable to find a foster home or kinship home, children can and do reside there for a longer time than is optimal.

Please list the Other Settings included:

LINE 7 Other Setting: Day Care; Early Head Start; Gateway Treatment Facility (families reside there while the parents are receiving treatment for addiction.)

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TABLE 3

OMB NO.: 1820-0557

FORM EXPIRES: 8/31/2007

REPORT ON INFANTS AND TODDLERS EXITING PART C PROGRAMS 2005-2006

STATE: MONTANA

12-Month Reporting Period (From MM/YY to MM/YY): 7/1/04 - 6/30/05

REASONS FOR EXIT	TOTAL	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)
TOTAL NUMBER OF INFANTS AND TODDLERS EXITING (ROWS 1-9)	721	142	5	15	31	528
SECTION A: PROGRAM COMPLETION			-			
COMPLETION OF IFSP PRIOR TO REACHING MAXIMUM AGE FOR PART C	182	28	2	2	2	148
2. PART B ELIGIBLE	197	27	1	4	6	159
NOT ELIGIBLE FOR PART B, EXIT TO OTHER PROGRAMS	36	8	1	0	4	23
4. NOT ELIGIBLE FOR PART 8, EXIT WITH NO REFERRALS	12	2	1	0	1	8
5. PART B ELIGIBILITY NOT DETERMINED	46	8	0	4	2	32
SECTION B: OTHER EXIT REASONS						
6. DECEASED	12	3	0	0	2	7
7. MOVED OUT OF STATE	79	16	0	5	5	53
8. WITHDRAWAL BY PARENT (OR GUARDIAN)	93	28	0	0	4	61
9. ATTEMPTS TO CONTACT UNSUCCESSFUL	64	22	0	0	5	37